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FACSIMILE TRANSMISSION

Date: 4/3/2007

To: USPTO

Fax No.: 571-273-8300

Subject: Amendment

Pages: 18 (including this page)

From: Cynthia K. Nicholson

Comments:

Applicant: Kino	Serial No.: 10/500,465
Filing Date: 7/15/2004	Atty Dkt.: 26C-038-TN
Title: HEAD-PROTECTING AIRBAG DEVICE	
<p>Attached please find:</p> <ul style="list-style-type: none"> (1) Transmittal form; (2) 11-page Amendment; (3) copy of OIPE-stamped Form PTO-1449 filed November 1, 2005; (4) Request for Corrected Notice of Acceptance of Application Under 35 USC 371 and 37 CFR 1.495; (5) Mark-up copy of Notice of Acceptance of Application under 35 USC 371 and 37 CFR 1.495 (2 pages); and (6) copy of Filing Receipt stamped by OIPE on 15 July 2004. 	

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****Notice****

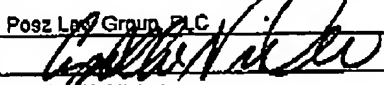
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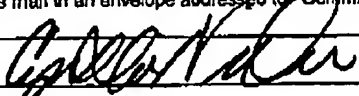
TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/500,465
	Filing Date	7/15/2004
	First Named Inventor	KINO
	Art Unit	3616
	Examiner Name	Amores
Total Number of Pages in This Submission	Attorney Docket Number	28C-038-TN

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): (1) Request for Corrected Notice Of Acceptance, mark-up of Notice of Acceptance, copy of Filing Receipt stamped by OIPE on 15 July 2004. (2) Copy of OIPE-stamped Form PTO-1449 filed November 1, 2005
Remarks: _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Posz Law Group, PLLC		
Signature			
Printed name	Cynthia K. Nicholson		
Date	3 April 2007	Reg. No.	36,880

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Signature			
Typed or printed name	Cynthia K. Nicholson	Date	3 April 2007